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Maria.	PART B - FEE(S) TRANSMITTAL					
	MAR 10	troc with applicable	P. A or <u>Fax</u> (5	.O. Box 1450 lexandria, Virg 771)-273-2885	inia 22313-1450	
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CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bl	ock I for any change of address)	INC.	ole: A certificate of	mailing can only be used f is certificate cannot be used al paper, such as an assignme of mailing or transmission.	for any other accompanying
23432 7590 12/13/2007 COOPER & DUNHAM, LLP 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036			Il	Cer nereby certify that th	rtificate of Mailing or Tran- nis Fee(s) Transmittal is bein with sufficient postage for fi I Stop ISSUE FEE address TO (571) 273-2885, on the	smission ag deposited with the United
03/10/2008 RMEBRAH1	00000016 10587128		. [Paul_Te	eng	(Depositor's name)
01 FC:1501 1440.				tank pung		(Signature)
02 FC:1504	300.	00 DP	L	March 50	<u> </u>	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	PR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/587,128 07/21/2006			Taiga Goto		1141/76639	2924
TITLE OF INVENTION 3/11/2008 RMEBRAH1		vice and method ti 0587128	HEREFOR		•	
1 FC:8001 1	5.00 DA					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	03/13/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			•
TANINGCO, ALEXANDER H		2882	378-004000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
		A TO BE PRINTED ON				
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(A) NAME OF ASSI			(B) RESIDENCE: (CIT		COUNTRY)	
HITAC	hi Medical Co	rporation	Tokyo,	Japan		
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 C	orporation or other private gr	roup entity Governmen
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Authorized Signature 40,837 Paul Teng Registration No. _ Typed or printed name

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.